

1652
Docket No.: PC-0040 CIP

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Non-Fee Amendment, Commissioner for Patents, Washington, D.C. 20231 on December 12, 2002.

Printed: Lyza Finuliar

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lal et al.Title: DIAGNOSTIC MARKER FOR HUMAN CANCERSSerial No.: 09/877,633Filing Date: June 08, 2001Examiner: Slobodyansky, E.Group Art Unit: 1652

Box Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

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FEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Office Action (25 pp.);
3. Five (5) References, including Tabs A-E;
4. *Unexecuted* Declaration of Dr. Tod Bedilion (17 pp.), including Nine (9) References with Tabs A-I; and
5. Certificate of Revocation of Power of Attorney and Appointment of New Attorneys (2 pp.).

The fee has been calculated as follows:

| Claims | Claims After Amendment | - | Claims Previously Paid For | - | Present Extra | Other Than Small Entity Rate | Additional Fees) |
|--|------------------------|---|----------------------------|---|---------------|------------------------------|------------------|
| Total | 16 | - | 20 | = | 0 | x\$18.00 | 0 |
| Indept. | 2 | - | 3 | = | 0 | x\$84.00 | 0 |
| First Presentation of Multiple Dependent Claims: | | | | | | +280.00 | 0 |
| | | | | | | Total Fee: | 0 |

☒ No additional Fee is required.☐ Please charge Deposit Account No. **09-0108** in the amount of : \$ _____

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: December 12, 2002

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